

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
69/157 931

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	2						53					
4	2						54					
5	2						55					
6	2						56					
7	2						57					
8	2						58					
9	2						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	10						69					
20	10						70					
21	/						71					
22	0						72					
23	0						73					
24	0						74					
25	0						75					
26	0						76					
27	0						77					
28	0						78					
29	0						79					
30	10						80					
31	0						81					
32	0						82					
33	0						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	62						TOTAL DEP.					
TOTAL CLAIMS	66						TOTAL CLAIMS					